

Case Number:	CM15-0009235		
Date Assigned:	01/27/2015	Date of Injury:	10/20/2013
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 73-year-old female who reported an injury on 10/20/2013. The mechanism of injury was a fall. She was diagnosed with sprain/strain of the knee. Other therapies were noted to include ibuprofen and physical therapy. On 12/15/2014, the injured worker reported bilateral knee pain and a contusion. The treating physician indicated that the injured worker had participated in physical therapy; however, minimal improvement was noted. Upon physical examination, she was noted to have crepitus, tenderness, effusion, and an antalgic gait. Additionally, it was noted the injured worker had 160 degrees of extension and 100 degrees of flexion. The treatment plan was noted to include physical therapy and a followup appointment. A request was submitted for twelve (12) additional physical therapy for the left knee, 2 times per week, as an outpatient. The treating physician indicated request for physical therapy was to evaluate and treat bilateral knee pain. A Request for Authorization was submitted on 12/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Twelve (12) additional physical therapy for the left knee, 2 times per week, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for twelve (12) additional physical therapy for the left knee, 2 times per week, as an outpatient is not medically necessary. The California MTUS Guidelines recommend active therapy for restoring flexibility, strength, endurance, function, range of motion, and alleviating discomfort. Additionally, the guidelines recommend 9 to 10 visits of physical therapy for unspecified myalgia and myositis. The clinical documentation submitted for review indicated the injured worker has had physical therapy in the past; however, it is unclear whether the injured worker had significant objective functional improvement with the previous therapy provided. Additionally, it is unclear the number of completed physical therapy sessions. There were no exceptional factors to warrant additional visits beyond the guidelines recommendation. In the absence of this documentation, the request is not supported by the guidelines. As such, the request is not medically necessary.